Remarks

Claims 1-3, and 14 were acted upon in the aforesaid Office Action. No claim has been cancelled and no new claim has been added, leaving claims 1-3 and 14 for further consideration.

Claims 1-3 and 14 have not been substantively amended and reconsideration of the rejection thereof is respectfully requested.

Claim 1 stands rejected under 35 U.S.C. 103(a) as unpatentable over U.S. Patent No. 6,083,259-Frantzen in view of U.S. Patent No. 6,206,911-Milo.

In the Office Action, Frantzen is said to disclose a reconfigurable elongate body capable of being inserted in the coronary sinus that is delivered in a first configuration and is reconfigurable to a second lengthwise contracted configuration.

However, Frantzen appears to pertain to an "axially non-contracting flexible radially expandable stent." The Frantzen stent does not appear to be "reconfigurable lengthwise from a first configuration for delivery...to a second contracted configuration lengthwise...", as called for in claim 1.

In Frantzen, radially expanding stents are said to "suffer from undesirable axial contraction" (col. 1, lines 53 and 54); and Frantzen states, "The stent of this invention is configured to resist axial contraction" (col. 2, lines 52 and 53). Resisting axial contraction is noted several times in Frantzen (col. 3, lines 14 and 15, 19 and 20; col. 3, lines 48-50, lines 58 and 59; col. 4, line 63; col. 6, lines 9 and 10; col. 7, lines 60-62), while Applicants' claim 1 is limited to the elongated body "being reconfigurable lengthwise from a first

configuration...to a second contracted configuration lengthwise...".

Milo is directed to a stent for use in a blood vessel, the stent being adapted "to undergo essentially no axial foreshortening (or only minimal axial foreshortening) when expanded..." (col. 1, lines 41-44) and which does not significantly decrease in axial length upon expansion and is provided with prongs "oriented axially of the tubular open framework so that the distance between the adjacent prongs does not change as result of expansion/compression of the stent" (col. 6, lines 55-58).

The prongs engage a membrane disposed over the stent; the prongs are not adapted to engage tissue.

More generally, the references relate to stents for use in blood vessels. The stents expand width-wise to keep open the blood vessel, but preferably do not contract axially. Frantzen uses the term "body lumens", but it is clear he is referring to arteries, and the stent is intended to allow normal blood flow to occur through arteries.

Similarly, Milo relates to stents suitable for providing interim support within a blood vessel.

Both Frantzen and Milo seek to avoid axial foreshortening of the stent. The stents are devices intended for insertion into a blocked blood vessel, or the like, to support the vessel in an open condition to permit blood flow therethrough.

The invention to which claims 1-3 and 14 are directed is not adapted for placement in an artery, nor adapted for holding an artery, or other body lumen, open for blood flow therethrough

but rather, to a device for relieving mitral regurgitation by altering the geometric configurations of the left ventricle, papillary muscles, and mitral annulus.

While stents are adapted to expand widthwise, lengthwise shortening thereof is to be avoided. The apparatus defined by claims 1-3 and 14 is not adapted to expand widthwise, though there may be some incidental widthwise movement, but rather to contract lengthwise.

In view thereof, it appears that claims 1-3 and 14 define an apparatus different in structure from those of Frantzen and Milo, different in operation, and different in purpose.

Accordingly, it appears that Frantzen and Milo fail to teach or suggest the apparatus of claims 1-3 and 14, and that those claims should be deemed allowable thereover.

Allowance of claims 1-3 and 14 is therefore most respectfully requested.

In the event that any fees may be required in this matter, please charge the same to Deposit Account No. 16-0221.

Thank you.

Respectfully submitted,

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